## **FORM 68**

[Refer rule 183(1)]

## APPLICATION FORM FOR APPEAL AGAINST TEST RESULT

## 1. Personal Details

Name	
Address	
Contact Number	
Email ID	
Are you the registered owner of the vehicle? (Yes/No)	
2. Vehicle Details	
Registration Number	
Chassis Number	
Make	
Model	
3. Test Station Details	
Station Name	
Station Address	
Date of Test	
Was the vehicle tested at any other station as well? (Yes/No)	
If yes, give details:	
4. Appeal	
Details of the plea against the test results:	
Has the vehicle been repaired, altered or adjusted since last tested? (Yes/No)	
If yes, give details: (Please attach the copy of the test result)]	